

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICAL ALIGNMENT OF X-RAY MICROANALYZERS

The specification of which (check one):

☒ is attached hereto. ☐ was filed on \_\_\_\_\_ as Application No. \_\_\_\_\_;  
amended on \_\_\_\_\_ (if applicable).

☐ was filed as PCT International. Appl. No. \_\_\_\_\_ on \_\_\_\_\_,  
and was amended under PCT Article 19 on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, USC §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>		<u>Date Filed</u>	<u>Priority Claimed</u>	
_____ (Number)	_____ (Country)	_____ (Day/Month/Year)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, USC §119(e) of any United States provisional application(s) listed below:

_____ (Application Number)	_____ (Filing Date)
_____ (Application Number)	_____ (Filing Date)
_____ (Application Number)	_____ (Filing Date)

Express Mail Number

EV 044749455 US

Attorney  
Docket No.: COLB-124XX

I hereby claim the benefit under Title 35 USC §120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 USC §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application No.)	_____ (Filing Date)	_____ (Patented/pending/abandoned)
_____ (Application No.)	_____ (Filing Date)	_____ (Patented/pending/abandoned)
_____ (Application No.)	_____ (Filing Date)	_____ (Patented/pending/abandoned)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business connected therewith in the Patent and Trademark Office, and to file with the USRO any International Application based thereon.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First/Sole Inventor: <b>Tzach Rafaeli</b>		
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Full Name of <u>second</u> /Joint Inventor: <b>Isaac Mazor</b>		
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Full Name of _____ /Joint Inventor:		
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